DEPARTMENT OF CHILDREN'S SERVICES (DCS)
MEDICALLY FRAGILE FOSTER CARE

ATTACHMENT A

LICENSES REQUIRED:	Child Placing
LICENSES ISSUED BY:	DCS
EDUCATION REQUIREMENTS:	Provided through local LEA as determined by the school system.
EDUCATIONAL APPROVALS:	Department of Education
SETTING:	Family Resource Home

SCOPE OF SERVICES

MEDICALLY FRAGILE FOSTER CARE:

Foster Care Medically Fragile program provides recruitment, training, and support services to foster parents trained to meet the needs of youth who are appropriate for family - based care but require a higher level of medical support, intervention, and case coordination. Foster parents are specially trained to care for children with extreme medical needs, which cannot be provided in their family homes. Some of these foster homes shall also be trained to manage behavioral and emotional disorders in addition to the required training to meet the medical needs of this population.

Due to the needs of these children, all agencies must be willing and able to accept emergency and after-hours referrals.

Goals/Discharge Criteria for children in Medically Fragile Foster Care

Permanency through reunification, adoption or guardianship.

1.0 ADMISSION/CLINICAL CRITERIA:

1.1 A medically fragile child has a serious illness or condition (documented by a licensed health care provider) that may become unstable and change abruptly, resulting in a life-threatening situation. The child's health condition is stable enough for the child to be in a home setting only with frequent monitoring by a licensed health care provider.

1.2 The child may have a chronic and/or progressive illness or a more acute, time-limited condition.

1.3 The child may have a severe disability that requires the routine use of medical devices or assistive technology to compensate for the loss of usefulness of a body function needed to participate in activities of daily living.

1.4 The following are examples of conditions/care needs that could be regarded as meeting the definition of "medically fragile." The conditions/care needs may include but are not limited to:

- Ventilator dependence
- Tracheotomy
- Conditions requiring frequent suctioning of lungs and throat
- Apnea monitoring
- Home oxygen therapy
- Intravenous lines
- Nutritional difficulties that require nasal gastric or gastrostomy tubes
- Kidney dialysis
- Uncontrollable diabetes that cannot be effectively controlled through medication or diet and makes the child vulnerable to diabetic coma
- Burn/Wound care (severe, extensive skin and body care)
- Terminal illness care
- Neurological or physical impairments to a degree that the child is non-ambulatory or requires 24-hour medically oriented care.
- Children who are determined to be medically fragile and who also have behavioral and/or emotional conditions may be considered for a higher level of care within the agency's foster home network if the decision is supported by the CFT.

1.5 The DCS Health Advocacy Nurse will act as the gatekeeper for medically fragile service.

2.0 PERSONNEL (RATIO OF CHILD TO STAFF):

2.1 The agency will meet all criteria outlined in Foster Care.

2.2 Ratio of staff to cases does not exceed 1:10.

2.3 Resource parents must be trained in giving medical care including cardiopulmonary resuscitation (CPR), first aid, and also the specific medical care needs of the child.

2.4 Resource homes with only one adult in the home may not care for more than one medically fragile child and may not have more than two birth, adopted, or foster children in addition in the home.

2.5 Resource homes with two adults in the home shall not care for more than two medically fragile children may not have more than two birth, adopted, or foster children in addition in the home.

2.6 Resource homes must be within 45 minutes by car of a local medical facility and emergency room.

3.0 INDIVIDUALIZED TREATMENT PLANS:

3.1 The agency will meet all criteria outlined in Foster Care.

4.0 SERVICE OVERVIEW:

4.1 The agency shall meet the standards set forth in Chapter One, Core Standards and Foster Care.

4.2 Foster Family Care is provided for and on behalf of the child under a plan that includes services for the child's parents and supervision of and support services for the Resource parents.

5.0 SERVICE TO THE CHILD:

5.1 Children are provided with developmentally appropriate activities and supportive services designed to enable them to prepare to lead self-sufficient adult lives in accord with their treatment plan.

5.2 For instances in which a **health care facility requires** a sitter twenty-four (24) hours per day, seven (7) days per week; twelve (12) hours of sitter services shall be provided by the foster parent/private provider agency. The additional twelve (12) hours shall be provided through the Delegated Authority and funded by DCS.

6.0 SERVICE TO THE FAMILY:

6.1 The agency will meet all criteria outlined in Foster Care.

7.0 SERVICE TO THE RESOURCE FAMILY:

7.1 The agency will meet all criteria outlined in Foster Care and as recommended by the CFTM.

8.0 EDUCATION:

8.1 Provided through local LEA as determined by the school system.

8.2 The agency will meet all criteria outlined in Foster Care.

9.0 STAFF PROFESSIONAL DEVELOPMENT:

9.1 The agency will meet all criteria outlined in Foster Care.

10.0 UTILIZATION REVIEW:

10.1 The agency provides a monthly written report of child's progress and current status. The monthly progress report should be sent to the child's DCS Home County Case Manager, DCS Regional Child Placement Unit, and DCS Health Advocacy Nurse.

10.2 The DCS Health Advocacy Nurse will provide face-to-face visits with the child and Resource Parent(s) on a quarterly basis. This visit will be in conjunction with the Agency Case Manager and DCS Home County Case Manager when possible.

10.3 The DCS Health Advocacy Nurse will make a recommendation regarding the child for placement in the medically fragile program based on monthly reports from the agency, medical reports and progress updates from the child's healthcare provider(s), and observations during the quarterly face-to-face visits with the child.

The DCS Health Advocacy Nurse will send the written recommendation to the following:

- Agency Case Manager and Agency Director or Supervisor
- DCS Home County Case Manager
- DCS Team Leader
- DCS Team Coordinator
- DCS Regional Administrator
- DCS Regional Child Placement Unit

*Note – The above list is only a list of those persons who will receive the written recommendation from the DCS Health Advocacy Nurse. It is not meant to be a list of persons invited to the CFTM. IF a CFTM is indicated (see next section), the DCS Home County Case Manager will send notifications to any and all interested parties.

10.5 If the DCS Health Advocacy Nurse recommends the child is no longer medically fragile, the recommendation will include a request for a CFTM. The DCS HCCM should convene a CFTM as soon as possible but no later than 7days from the date of the recommendation notice from the DCS Health Advocacy Nurse.

10.6 The written recommendation from the DCS Health Advocacy Nurse is simply a trigger for a CFTM. It does not change the placement or the rate.

10.7 If a child is no longer recommended for the medically fragile program, a decision will be made at the CFTM whether the child will continue placement with the current Resource Parent(s) and transition to a lower level of care or if the child will be moved to a new placement. If the child is to remain with the current Resource Parent(s), the rate change will take effect no later than 14 days after the date of the CFTM. If the child is moved to a new placement, the rate change will take effect on the date of the placement change.

11. SITTER SERVICES

11.1 Sitter services shall be made available twenty-four (24) hours a day, seven days a week as requested by a health care facility. Sitter services shall include emergency and non-emergency direct care to children determined to be medically fragile and in the custody of DCS. Some situations may require hands on tasks such as diaper changing and feeding. The service setting is in a health care facility.

Medically fragile children are eligible for sitter services based on the following criteria:

A medically fragile child must be placed in a health care facility and the facility requires a sitter 24 hours a day, seven days a week (24/7); and 12 hours of sitter services must be provided by the provider agency before DCS will assume responsibility for the additional 12 hours of sitter services. In extraordinary circumstances (as defined by the Child & Family Team), to include long periods of hospitalization and approved by the CFT, the provider may pay for 8 hours of service and DCS 16 hours of service.

12.0 MEDICALLY FRAGILE STEP-DOWN, EMERGENCY & NON-EMERGENCY PLACEMENTS

12.1 **Step-Down Procedure:**
Process employed to determine the need for continued placement at this level of care.

- DCS Health Advocacy Nurses will review all medically fragile placements on a quarterly basis.
- DCS Health Advocacy Nurses will make recommendations for step-down or to remain as medically fragile.
- The DCS Health Advocacy Nurse's recommendation will be shared with the DCS Regional Administrator, DCS Team Coordinator, DCS Team Leader, DCS Home County Case Manager, DCS Regional Child Placement Unit, Agency Case Manager, and Agency Director/Supervisor.
- The DCS Home County Case Manager is responsible for convening a CFTM within seven (7) days of the recommendation whenever step-down is the recommendation.
- The CFTM should include the medically fragile process for step-down and planning for the child. The CFTM must also consider whether the child meets medically fragile criteria.
- If the step-down is approved by the CFTM, the rate change will take effect no later than fourteen (14) days after the CFTM.

12.2 **Emergency Placements/Non-Emergency Placements:**

- The DCS Regional Child Placement Unit or the DCS Case Manager contact the DCS Health Advocacy Nurse if a child appears to meet the medically fragile scope of services. DCS Health Advocacy Nurses are available 24/7.
- Medical information is provided to the DCS Health Advocacy Nurse for review or a face-to-face interview with the primary caregiver may be performed.
- The DCS Health Advocacy Nurses make the determination whether the criteria for medically fragile placement are met.

- The DCS Health Advocacy Nurse will assist the DCS Regional Child Placement Unit or DCS Case Manager in obtaining the pertinent medical information to complete the medically fragile referral form.
- When the recommendation is for medically fragile placement, the DCS Case Manager or DCS Regional Child Placement Unit will send the referral form by e-mail or fax to all the medically fragile providers for placement.
- Each medically fragile provider will respond within two (2) hours with two placement options for emergency referrals and 24 hours for other referrals. After these timeframes if a response is not forthcoming from any of the medically fragile providers, DCS will make contact by phone using the on-call emergency numbers.
- The DCS Health Advocacy Nurse who made the recommendation for medically fragile placement and the DCS Case Manager will be available to the provider to respond to questions about the child's medical status.
- The decision-making tree for placement by DCS Regional Child Placement Unit will consider:
    1. Location of the child's medical care
    2. Location of biological family
    3. Within a 75 mile radius of the region
    4. Permanency goals
- The providers will be responsible for developing an integrated plan in coordination with all the medically fragile providers and DCS to respond in those instances when there is not a ready match or availability for placement.